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US Patent and Trademark Office	571-273-8300	Serial No. Filing Date: Inventor:	10/672,689 Sept 26, 2003 Schmidt, et al.
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FROM

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1,	PTO RCE Transmittal Form	- 1 pg.
2.	PTO Fee Transmittal Form	- 1 pg.
3.	PTO Petition for 1 Mo. Extension	- 1 pg.
4.	PTO Form 2038	~ 1 pg.
5.	Response to Final Office Action	- 15 pgs.

Thank you,

Chainey P. Singleton, Reg. No. 53,598

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PTO/SB/17 (12-04v2)

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U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE inn unless it risnisva a valid OMB control number Complete if Known Effective on 12/08/2004. pursuant to the Consolidated Appropriations Act, 2005 (M.R. 4818). Application Number 10/672,689 TRANSMIT Filing Date Sept 26, 2003 For FY 2005 First Named Inventor Schmidt, et al. Examiner Name Ford, Alilson M. Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1651 TOTAL AMOUNT OF PAYMENT 705.00 UTAU: 1063RCE Attorney Docket No. METHOD OF PAYMENT (check all that apply) Money Order Other (please identify): None Deposit Account Deposit Account Number: Deposit Account Name For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity Small Entity Small Entity **Application Type** Fee (5) Fees Paid (\$) Fee (\$) Fee (5) Fee (\$) Eeg_(\$) Utility 150 500 250 200 100 Design 200 100 100 130 50 65 Plant 200 100 300 160 150 80 Reissue 300 150 500 250 600 300 Provisional 200 100 n O 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 50 25 200 100 Each independent claim over 3 (including Reissues) Multiple dependent claims 360 180 Total Claims Fee Paid (\$) Multiple Dependent Claims Extra Claims Fee (\$) - 20 or HP = Fee Paid (\$) 50,00 Fee (\$) HP = highest number of total daims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) 100 200.00 HP = highest number of independent claims paid for, if greater than 3, APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 Cf R 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Number of each additional 50 or fraction thereof Total Sheets Fee Pald (\$) Fee (\$) / 50 = (round up to a whole number) 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification. \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Pet, for 1 Mo. Ext. (\$60): RCE (\$395) \$455.00 SUBMITTED BY

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Name (Print/Type) Chainey P. Singleton Date 6/7/2006

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This collection of Information is required by 37 CFR 1.136. The information is required to obtain or retain a banefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form end/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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